### Application Data She t

## **Application Information**

Application Type::

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R::

Regular

Utility

128/200

None

Title:: Patient Interface and Headgear Connector

01-18 Attorney Docket Number:: Request for Early Publication?:: Nο No Request for Non-Publication?:: 1 Suggested Drawing Figure:: 8 **Total Drawing Sheets::** No Small Entity?:: Petition included?:: No No Secrecy Order in Parent Appln.?::

#### **Applicant Information**

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Jason

P

Eaton

Monroeville

Pennsylvania

Country of Residence:: US

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15146

Applicant Authority Type:: Inventor

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Peter Family Name:: Ho

City of Residence:: Pittsburgh
State or Province of Residence:: Pennsylvania

Country of Residence:: US

Street of mailing address:: 2227 Chapparal Drive

City of mailing address:: Pittsburgh
State or Province of mailing address:: Pennsylvania

Country of mailing address:: US

Postal or Zin Code of mailing address:: 15336

Postal or Zip Code of mailing address:: 15239

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Elias Middle Name:: G

Family Name:: Diacopoulos

City of Residence:: Export

State or Province of Residence:: Pennsylvania

Country of Residence:: US

Street of mailing address:: 286 Jefferson Street

City of mailing address:: Export

State or Province of mailing address:: Pennsylvania

Country of mailing address:: US
Postal or Zip Code of mailing address:: 15632

# **Correspondence Information**

Correspondence Customer Number:: 30031

**Representative Information** 

Representative Customer Number:: 30031

# **Domestic Priority Information**

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date: |
|------------------|--------------------|----------------------|---------------------|
| This Application | Non-Provisional of | 60/402,335           | 08/09/02            |